

STATE OF SOUTH CAROLINA

(FORM 1)

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

RECEIVED

OCT - 5 2009

TRANSPORTATION COVER SHEET

ORS
T, T, W, W, W

POCKET

NUMBER:

219542

2009-418-T

If this is your first time filing an application with the PSC, you will not
have a Docket Number. The Commission will assign one to you. If you
have filed with the Commission before, a Docket Number was assigned
and should be entered above.

(Please type or print)

Submitted by: ABDUL R. MUGHALTelephone: 803-348-1191Address: 1701 HORSESHOE DRFax: -COLUMBIA, SC 29223Other: -Email: MUGHALSC@YAHOO.COM

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- | | |
|---|--|
| <input checked="" type="checkbox"/> Application – Class C Taxi | <input type="checkbox"/> Request to Amend Scope of Authority |
| <input type="checkbox"/> Application – Class C Charter | <input type="checkbox"/> Request to Amend Tariff (rate increase, etc.) |
| <input type="checkbox"/> Application – Class C Charter Bus | <input type="checkbox"/> Request to Amend Passenger Limit |
| <input type="checkbox"/> Application – Class C Non-Emergency | <input type="checkbox"/> Request |
| <input type="checkbox"/> Application – Class E Household Goods | <input type="checkbox"/> Exhibit |
| <input type="checkbox"/> Application – Class E Hazardous Waste | <input type="checkbox"/> Late-Filed Exhibit |
| <input type="checkbox"/> Application | <input type="checkbox"/> Letter |
| <input type="checkbox"/> Request for Extension to Comply with Order | <input type="checkbox"/> Proposed Order |
| <input type="checkbox"/> Request for Order Granting Authority to Obtain Certificate of Public Convenience and Necessity to Be Rescinded | <input type="checkbox"/> Publisher's Affidavit |
| <input type="checkbox"/> Request for Cancellation of Certificate | <input type="checkbox"/> Reservation Letter |
| <input type="checkbox"/> Request for Suspension | <input type="checkbox"/> Response |
| <input type="checkbox"/> Request for Reinstatement | <input type="checkbox"/> Return to Petition |
| <input type="checkbox"/> Request for Name Change on Certificate | <input type="checkbox"/> Other: _____ |

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OCT - 5 2009

PSC SC
DOCKETING DEPT.

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

JBS

(FORM C-AC)

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
ATTN: DOCKETING DEPARTMENT
101 EXECUTIVE CENTER DRIVE
COLUMBIA, SOUTH CAROLINA 29210
(Mailing address: Post Office Box 11649, Columbia, SC 29211)
Office # (803) 896-5100 - Fax # (803-896-5199)

CLASS C - TAXIDATE OCT 03, 2009

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND
NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER**

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

ABDUL R. MUGHAL DBA LIBERTY CAB CO.

2. (a) Street Address of Applicant 1701 HORSESHOE DR.

COLUMBIA, SC 29223

- (b) Mailing address, if different from street address

AS ABOVE

- (c) Telephone Number 803-348-1191 Fed. ID # N/A

3. If incorporated, a copy of Articles of Incorporation must be attached. (If incorporated outside of S.C., need S.C. Secretary of State "Foreign Corporation" Certificate.)

4. (a) If a partnership, names and addresses of all persons having an interest in the business. (b) If a corporation, names and addresses of two principal officers will be sufficient.

N/A

5. The proposed service to be provided and the proposed rates and charges for such service, per Exhibit "C" included herewith.

6. The proposed list of equipment is as per Exhibit "D" included herewith.

7. Applicant is financially able to furnish the services as specified in this Application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application Is Filed:

Month: OCT Year: 2009

Assets:	
Cash	<u>\$ 3000.00</u>
Receivables	<u>X</u>
Real Estate	<u>X</u>
Buildings and Equipment-Net	<u>X</u>
Motor Vehicles-Net	<u>3 - \$ 20000.00</u>
Garage Equipment-Net	<u>X</u>
Machinery and Tools-Net	<u>X</u>
Supplies on Hand	<u>X</u>
Prepays and Other Assets	<u>X</u>
Total Assets	<u>\$ 23000.00</u>
Liabilities and Equity:	
Accounts Payable	<u>X</u>
Notes Payable	<u>X</u>
Mortgages Payable	<u>X</u>
Equipment Obligations	<u>X</u>
Accrued Salaries and Wages	<u>SELF EMPLOYEE</u>
Other Accrued Obligations	<u>X</u>
Other Liabilities	<u>X</u>
Total Liabilities	<u>X</u>
Capital Stock	<u>X</u>
Retained Earnings	<u>X</u>
Total Equity	<u>X</u>
Total Liabilities and Equity	<u>X</u>

8. Applicant is familiar with the provision of S.C. Code Ann., §58-23-10, et seq. (1976), and amendments thereto, and R.103.100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Vol.26, S.C. Code Ann., 1976), and R.38-400 through 38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Vol. 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

STATE OF SOUTH CAROLINA,

COUNTY OF RICHLANDI, Don KizlarOWNER

(Name of Applicant's Representative)

(Title)

of LIBERTY CAB CO., the Applicant for the Certificate of Public (Applicant)
Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above
Application are true and correct.

SWORN TO BEFORE ME

At Stn day of October 2009
This is Latosha Mills
(Notary Public)
Commission Expires: 11/13/2017

Don Kizlar
(Signature of Applicant's Representative)

My Commission Expires
November 13, 2017

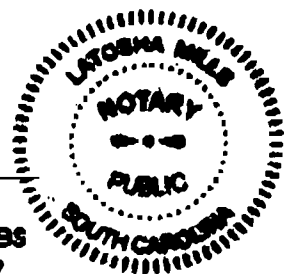


EXHIBIT C

CLASS C

TAXI ☒CHARTER ☐

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA

Columbia, South Carolina

Applicant ABDUL R. MUGHAL

For the transportation of passengers as follows:

Area to be served: ~~COLUMBIA, RICHLAND COUNTY, LEXINGTON COUNTY~~STATE WIDENumber of passengers: 07Fares: \$01.80 DROP CHARGE \$02.00 PER MILEDate OCT 03, 2009.ABDUL R. MUGHAL

By

OWNER

Title

Rev.10/03

INSURANCE QUOTE

The following insurance quote is for:

Southern United Commercial Insurance Co.
(Name of Motor Carrier)

One Southern Way Mobile AL 36619
(Address of Motor Carrier)

Amount of Premium:

Liability Insurance 25/50/25

The above quoted premium is for a term of 12 months.

Minimum Limits - Intrastate Only:

1 - 7 passengers	-	25,000/50,000/25,000
8 - 15 passengers	-	25,000/100,000/25,000

(Insurance Company Name)

(Home Office Address of Company)

is familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

10-5-09 [Signature]
Date (Authorized Insurance Company Representative)

Rev 5/07



Star Specialty Programs - Public Auto

Formerly known as BISYS Specialty Programs
158 N. Harbor City Boulevard



Phone: (321) 757-6190
Fax: (321) 757-6147

Melbourne, FL 32935-

Quotation

Page 1 of 1

June 05, 2009

Broker: Hipkins-Dyar Insurance Inc
Phone: 803-794-8246 Fax: 803-796-5274

APP Number: APP43598129
Applicant Name: Abdul R Mughal DBA Liberty Cab Co.

Attention:
From: Tara Carmody - 321-421-6794
Email: Tara.Carmody@5starSP.com

Expiring Policy Number: New
Quotation Expires: 30 Days
Policy Term: 07/01/2009 to 07/01/2010

Please review the following coverage(s) offered. Coverages may differ from those requested on the application/submission. Quote is based on the information submitted and is subject to change.

Business Description: Taxi

Limit	Coverage	Symbols	Amount
25,000	Split Limit Liability	70 Taxi	\$2,281.00
50,000			
25,000			\$19.00
25,000	UM BI/PD Split	70	
50,000			
25,000			\$2,300.00

Total Business Automobile premium quoted with Southern United Fire Ins Co (Rated BV) at 10% Commission:

Five Star Specialty Programs does not guarantee, nor make representations in regard to, and expressly disclaims responsibility for, the financial condition of insurers with which we place business.

This quotation is subject to the following terms and conditions:

NOTE: FEES AND/OR TAXES MUST BE PAID IN FULL, UP FRONT. IF THE RISK REQUIRES FILINGS, YOU MUST CONFIRM REQUEST FOR SPECIFIC FILINGS IN WRITING AT TIME OF BINDING. A COPY OF THE INSURED'S OPERATING AUTHORITY MUST BE INCLUDED WITH YOUR REQUEST.

WE ARE REQUIRED TO SECURE MVRs ON ALL DRIVERS PRIOR TO BINDING COVERAGE. A COPY OF THE COMPANY MVR GUIDELINES ARE ATTACHED. PLEASE REVIEW WITH THE INSURED PRIOR TO BINDING. PLEASE NOTE: ALL DRIVERS MUST MEET THESE REQUIREMENTS OR COVERAGE CANNOT BE BOUND.

THIS BINDER IS A SUMMATION OF THE LIMITS, TERM, COVERAGES AND CONDITIONS, ALL OF WHICH ARE SUPERSEDED BY THE ACTUAL POLICY WHEN ISSUED.

TELEPHONE REQUESTS TO BIND CANNOT BE ACCEPTED. TO BIND COVERAGE, FORWARD A WRITTEN OR FAX REQUEST ONLY. BE SURE TO INCLUDE ALL DOCUMENTATION REQUIRED TO BIND AS OUTLINED IN THE QUOTE.
Terrorism coverage is INCLUDED.

AT TIME OF BINDING, THE FOLLOWING IS REQUIRED:

Copies of completed, signed and dated Acord 125; state specific Acord 137 applications and applicable UM and/or PIP selection forms.

Complete Vehicle Identification Numbers for all vehicles.

All new replacement drivers must be pre-approved prior to operating insured's units. Please submit driver request with a current MVR

- No automatic coverage is afforded under policy for new and/or replacement vehicles. All vehicle changes must be reported to the company to be effective.

- In the event the policy is cancelled there is a \$50.00 Reinstatement Fee that is due prior to reinstating the policy.

- There is a charge of \$50. for each Additional Insured.

WITHIN 30 DAYS OF BINDING WE REQUIRE THE FOLLOWING:

Favorable Motor Vehicle Inspection Report(s) and front, back and side photos on all vehicles age 10 years and older

Signed and dated Drivers Certification Form

Copy of all vehicle registrations

Fully completed, signed and dated Supplemental Application.

10/6/09 Quote still valid no rate changes
AA Hipkins Agent

Hipkins Insurance
2008 PLATT SPRING ROAD
WEST COLUMBIA, S. C. 29169
(803) 794-8246